



The Indiana Family and Social Services Administration

Division of Disability and Rehabilitative Services (DDRS)
Home and Community Based Services (HCBS)
Waiver Providers

Provider Re-approval Webinar September 18, 2015

Anne Davis, Director
Bureau of Quality Improvement Services (BQIS)





AGENDA

- Evolution of Re-approval Process and Process Modifications
- Process Flow
- Changes to the Re-Approval Assessment and Documentation
- The best way to analyze your organization's data
- Helpful Tips on Submission of Documents and Process Flow
- Resources



Evolution of the Re-Approval Process

Challenges that needed to be addressed:

- Restricted time frame for providers to complete the re-approval process
- Reports and forms were complex and difficult to view due to the format

Modifications to process to ensure:

- Collaborative Approach
- Well Defined Processes
- Document Clarity
- Meaningful data review
- Improved outcomes for consumers



Step 1 - December 2014

- Provider submission of Re-approval Assessment changed from 10 calendar days to 30 calendar days
- Provider submission of Addendum(s) changed from 2 calendar days to 10 calendar days
- Questions added to the Re-approval Assessment to help guide provider's responses.



Step 2 – Lessons learned in the first quarter 2015..... April 2015

- Data Assessment changed from essay style responses to a question and answer format.
 - Document renamed **Re-approval Assessment**.
- Provider communications updated to add clarity.
- Requirement for providers to submit Accreditation documents added to insure BDDS data is current.

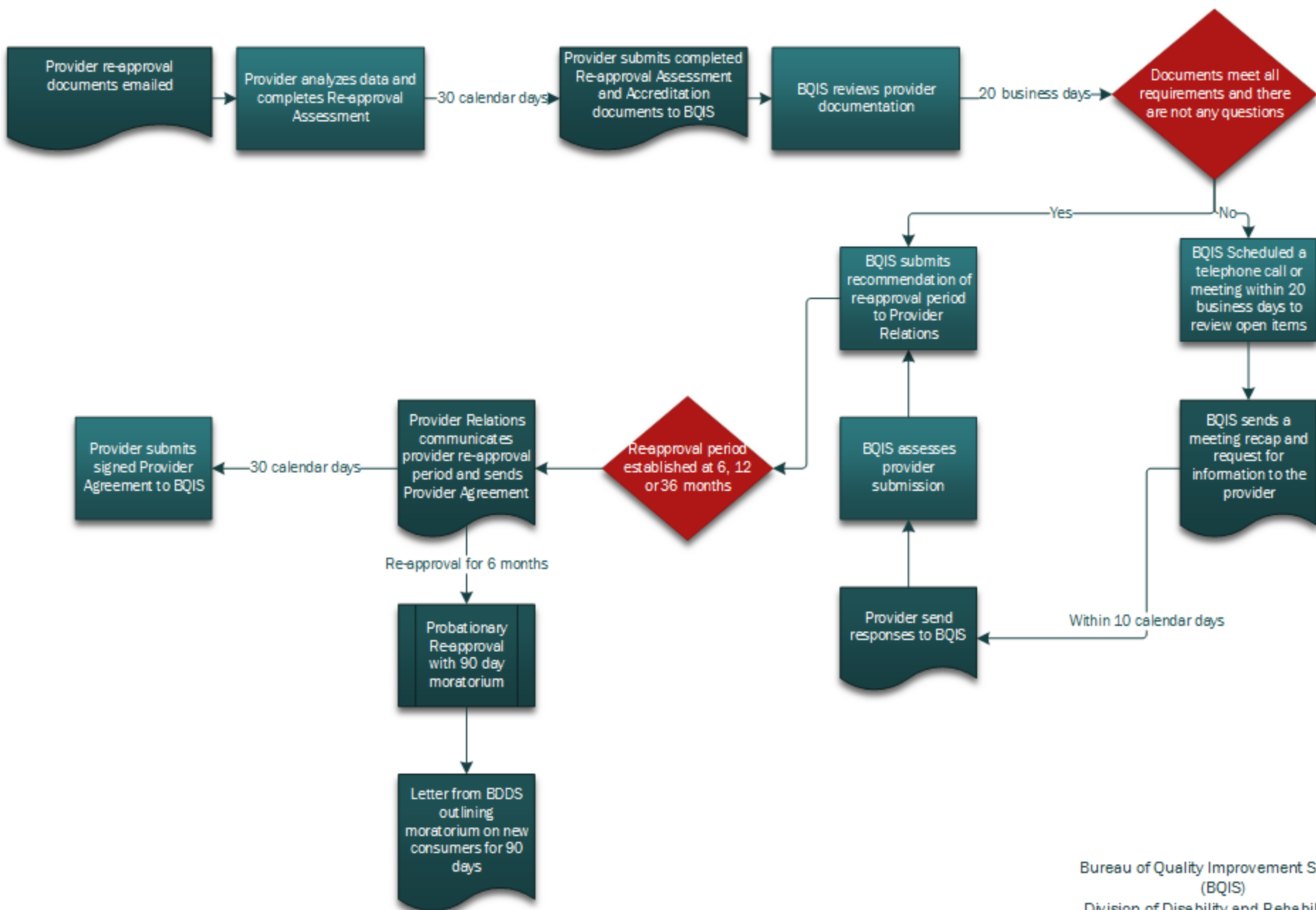


Looking ahead to the future:

The HCBS Waiver Services Provider Re-Approval Toolkit

- Step-by-step instructions and guidance regarding overall re-approval process
- Data analysis guidance
- Tools to assist with the re-approval process
- Outline evaluation methodology for determining length of provider re-approval

Provider Re-approval Process Flow
April 2015





Provider Re-approval
documents emailed

- Cover Letter
- Summary of Provider Review Profile (PRP)
- Listing of DDRS Services Currently Approved
- Full PRP Report
- Re-Approval Assessment



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

Via Electronic mail

DATE

[CONTACT INDIVIDUAL]
[CONTACT INDIVIDUAL TITLE]
[PROVIDER NAME]
[PROVIDER ADDRESS]
[PROVIDER ADDRESS]
[PROVIDER EMAIL ADDRESS]

Re: Provider Re-Approval

Dear [CONTACT INDIVIDUAL],

The Bureau of Quality Improvement Services (BQIS) within the Division of Disability and Rehabilitative Services (DDRS) facilitates the re-approval process for DDRS-approved waiver providers. During the ninety (90) day window, prior to the expiration of the current approval period, providers of supported living services or supports are required to renew their status as an approved provider as outlined in 460 IAC 6-6-5. At this time, your organization is due for re-approval.

The re-approval process has been designed to facilitate discussion and review performance based data. With this letter, you will find the following attachments:

- Attachment A Summary of Provider Review Profile (PRP)
- Attachment B Listing of DDRS Services Currently Approved for the Provider
- Attachment C Provider Review Profile (PRP) – Full report
- Attachment D Re-approval Assessment

During the re-approval process, providers are asked to articulate the systems (e.g. policies, procedures, protocol, etc.) that exist, as required by 460 IAC Article 6, and how their policies, procedures, and protocols were implemented in a consistent manner, ensuring the health, safety, and welfare of the individuals they serve. Additionally, the providers will explain their specific processes for identifying problems when they occur and the procedures utilized in addressing those problems.

The Provider Review Profile (PRP) (Attachment C) is a data driven report specific to your organization. The data consists of information from complaints and incident reports. For first time re-approvals, this also includes data from the compliance evaluation review tool (CERT). The PRP is structured to provide a comparison in multiple categories (risk areas). The summary of this information is detailed on Attachment A. The PRP allows the provider to assess their organization's data against a benchmark of relatively similar (e.g. client count and Algo levels) providers. The analysis of this data is pivotal in reviewing your organization's performance.

www.IN.gov/fssa
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Following review of the PRP, the Re-approval Assessment (Attachment D) must be completed by the provider. Providers are asked a series of questions, by category, to assess how performance is monitored and how service level improvements are made based on the data. Additional questions are focused on the broader subject of providing quality care and services, including how the organization will implement changes and what corrections are necessary to achieve the desired results.

As part of the re-approval process, providers offering services that require national accreditation are required to submit the most current accreditation documentation. Indiana Code (IC 12-11-1.1-1(d)(j)) requires the following DDRS waiver program services to be nationally accredited:

- Day Services (including Adult Day Services)
- Community Habilitation
- Facility Habilitation
- Pre-vocational
- Residential Habilitation
- Supported Employment

On or before [DATE 30 CALENDAR DAYS AFTER THIS LETTER] please submit the following documents to BQIS at BQISReporting@fssa.in.gov:

- Completed Re-approval Assessment
- Accreditation documentation including:
 - 1) Accreditation Award Letter, and if applicable to the accrediting organization, the
 - 2) Survey Report; and
 - 3) Any required plans for improvement

Once submitted, BQIS will review the completed Re-approval Assessment and will contact you on or before [DATE 50 BUSINESS DAYS AFTER THE PROVIDER'S DUE DATE (=workdays(ProvDueDate,20))]. Providers may be asked to meet in person or via telephone to address any follow-up questions. From that conversation, BQIS may require the submission of an addendum. BQIS will then make a recommendation to Provider Relations to re-approve [PROVIDER'S NAME] for 6, 12, or 36 months. Provider Relations will notify your organization of its re-approval period.

Additional information regarding provider re-approval is available on the Provider Relations webpage (www.in.gov/fssa/ddrs/2644.htm). Thank you for your cooperation in this process. Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelly Thomas", is placed above the typed name.

Shelly Thomas
Assistant Director
Bureau of Quality Improvement Services
402 W. Washington St.
Indianapolis, IN 46204
(317) 234-2764
Shelly.Thomas@fssa.in.gov

cc: Anne Davis, Director, Bureau of Quality Improvement Services

Attachments



Provider Re-Approval Letter - Attachment A

Summary of Provider Review Profile (PRP) Data

The table below indicates [PROVIDER NAME]'s data as measured against a benchmark of relatively similar (e.g. client count and Algo levels) providers in each risk category.

- Data in the *Expected Range* column indicates your organization operates comparably to its peers in the risk categories listed.
- Data in the *Below the Expected Range* or *Above the Expected Range* columns indicates your organization does not operate comparably to its peers in the risk categories listed.

Section I - PRP Complaints and Incidents Data			
(Risk Areas include: Complaints, Complaint Issues Substantiated, % Issues Requiring a CAP, CERT, Incidents, Sentinel Incidents, % of Incidents Made Sentinel, Behavioral Incidents, and Medical Incidents)			
<i>Below the Expected Range</i>	<i>Expected Range</i>	<i>Above the Expected Range</i>	<i>N/A</i>
Section II - PRP Incident Processing and Abuse/Neglect/Exploitation Data			
(Risk Areas include: Incidents Reported Late, Incidents Closed Late, Sentinels Closed Late, Allegations of ANE by Staff, % Substantiated, and % Staff Suspended from Duty)			
<i>Below the Expected Range</i>	<i>Expected Range</i>	<i>Above the Expected Range</i>	<i>N/A</i>
Section III - PRP Behavioral Data			
(Risk Areas include: Aggression, Sexual Assaults, Elopements, Suicide Attempts, Suicidal Thoughts/Ideations, Pica, Property Destruction, Self-Injurious Behaviors, PRN for Behaviors, Physical Restraints, Prohibited Interventions, and Arrests)			
<i>Below the Expected Range</i>	<i>Expected Range</i>	<i>Above the Expected Range</i>	<i>N/A</i>
Section IV - PRP Medication and Medical Data			
(Risk Areas include: Medication Errors, Choking w/ Intervention, Falls w/ Injury, Injuries, and Medical ER Visits)			
<i>Below the Expected Range</i>	<i>Expected Range</i>	<i>Above the Expected Range</i>	<i>N/A</i>



Medicaid Waiver Provider Information

PROVIDER NAME PROVIDER ADDRESS Active

Contact: BOB JONES
Phone-Number: (555) 123-4567
Fax-Number: (555) 123-6789

FID/EIN: XX-XXXXXXX
Waiver ID#: XXXXXXXXXX-X
Effective Date: 07/15/1992
NPI Number:

Counties Served: Entire State
 Additional Phone-Numbers / Contact-Methods:
 BobJones@provider.com (Email)
 BobJones@provider.com (NOA Email)

Waiver / Service Certifications

Community Integration and Habilitation	Certification Status
Community Transition	Certified as of 07/01/2003
Community-Based Habilitation	Certified as of 04/01/2008
Electronic Monitoring	Certified as of 10/01/2009
Family & Caregiver Training	Certified as of 04/01/2002
Rent/Food-Unrel. Live-In	Certified as of 04/01/2002
Residential Habilitation and Support	Certified as of 07/01/2002
Respite - General	Certified as of 01/01/2008
Structured Family Caregiving-Levl 1-DDRS	Certified as of 08/23/2012
Structured Family Caregiving-Levl 2-DDRS	Certified as of 08/23/2012
Structured Family Caregiving-Levl 3-DDRS	Certified as of 08/23/2012
Supported Employ. Follow-Along	Certified as of 04/01/2008
Transportation - Level 1	Certified as of 10/01/2009
Transportation - Level 2	Certified as of 09/01/2012
Transportation - Level 3	Certified as of 09/01/2012
Wellness Coordination - All Tiers	Certified as of 03/18/2014
Workplace Assistance	Certified as of 10/01/2009
Family Supports Waiver	Certification Status
Community-Based Habilitation	Certified as of 04/01/2008
Family & Caregiver Training	Certified as of 04/01/2002
Participant Assistance and Care	Certified as of 09/01/2012
Respite - General	Certified as of 01/01/2008
Supported Employ. Follow-Along	Certified as of 04/01/2008
Workplace Assistance	Certified as of 02/24/2011
Money Follows Person - CIH Transfer	Certification Status
Community Transition	Certified as of 09/15/2014
Community-Based Habilitation	Certified as of 09/15/2014
Electronic Monitoring	Certified as of 09/15/2014
Family & Caregiver Training	Certified as of 09/15/2014
Rent/Food-Unrel. Live-In	Certified as of 09/15/2014
Residential Habilitation and Support	Certified as of 09/15/2014
Respite - General	Certified as of 09/15/2014
Structured Family Caregiving-Levl 1-DDRS	Certified as of 09/15/2014
Structured Family Caregiving-Levl 2-DDRS	Certified as of 09/15/2014
Structured Family Caregiving-Levl 3-DDRS	Certified as of 09/15/2014
Supported Employ. Follow-Along	Certified as of 09/15/2014
Transportation - Level 1	Certified as of 09/15/2014
Transportation - Level 2	Certified as of 09/15/2014



Provider: _____ Profile Date: _____
Annual Period Used for Data Captured Below: _____



PURPOSE

The Provider Review Profile (PRP) is a data driven report specific to your organization that is structured to provide a comparison in multiple categories (risk areas). The PRP allows you to assess your organization's data, as measured against a benchmark of relatively similar providers. This comparison was made possible through the aggregation and analysis of Statewide data from Residential Habilitation Providers supporting people through the Community Integration & Habilitation Waiver. Through incorporation of both Provider Census (RHS and SFC clients) as well as scores associated with the Client complexity levels (e.g., Algo, Behavioral Factor, Health Factor Scores), these comparisons are made possible. Finally, in order to compare across important performance variables with different scales (e.g., percentages, varying ranges, etc.), data was converted to T-Scores to stabilize the rates and facilitate direct comparison.

The result is a series of profiles that can be generated by completing this worksheet with Provider specific data. In addition to their use in the area of Provider Reviews, it is hoped that Providers will utilize this tool to identify areas for growth in a proactive way. This can be done by completing the worksheet and specifying the time period for the identified data.

ACCREDITATION

Accrediting Body: _____ Expiration Date: _____
Accredited Areas: _____

PROVIDER SIZE AND COMPLEXITY

Monthly Client Average*: _____ Average ALGO: _____
*CIH waiver consumers receiving RHS0/RHS20/SFC
Average Behavioral Factor: _____ Average Health Factor: _____

PROVIDER COMPLAINT AND COMPLIANCE DATA

Date of CERT: _____ Annual Complaints: _____
Total CERT Score: _____ Total Issues: _____
Total Issues Substantiated: _____
% of Issues Requiring a CAP: _____

GENERAL INCIDENT DATA

Annual Incidents Reported: _____ % Incidents Reported Late (> 24 hrs): _____
Incidents Classified as Sentinel: _____ % Incidents Closed Late (> 30 days): _____
% Sentinel Closed Late (> 3 days): _____

ALLEGATIONS OF ABUSE, NEGLECT, AND EXPLOITATION (ANE) by STAFF

Allegations of ANE by Staff: _____ % of Allegations of ANE Substantiated: _____
% Staff Suspended From Duty (pending investigation): _____

SPECIFIC INCIDENTS AND FAILURES

Below are the number of annual incident reports in the specified area.

Behavior Incidents	Behavior Failures	Medical Incidents
Aggression to Others: _____	PRN for Behavior: _____	Choking w/Intervention: _____
Sexual Assault: _____	Physical Restraint: _____	Falls w/Injury: _____
Elopement: _____	Mechanical Restraint: _____	Injuries: _____
Suicidal Attempts: _____	Prone Restraint: _____	TOTAL: 0
Suicidal Thoughts: _____	Seclusion: _____	
Pica: _____	Use of Aversives: _____	Medical ER Visits: _____
Property Damage: _____	Client Arrests: _____	All Medication Errors: _____
Self-Injury: _____	TOTAL: 0	
TOTAL: 0		

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Section I - PRP Complaints and Incident Data

Provider:

0

Profile Date:

1/0/1900

	Complaints	Complaint Issues Substantiated	% Issues Requiring a CAP	Incidents	Sentinel Incidents	% of Incidents Made Sentinel	Behavioral Incidents	Behavioral Failures	Medical Incidents		
Provider's Rate	#DIV/0!	#DIV/0!	0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
T-Score										T-Score	
Critical Risk	> 74	>8.2	>11.6	*	>2.416	>0.344	>26%	>0.99	>0.385	>0.48	> 74
	74	8.0-8.2	11.3-11.6	*	2.361-2.415	0.336-0.344	26%	0.97-0.99	0.373-0.385	0.48	74
	73	7.8-7.9	11.0-11.2	*	2.307-2.360	0.327-0.335	25%	0.94-0.96	0.361-0.372	0.47	73
	72	7.5-7.7	10.7-10.9	*	2.252-2.306	0.317-0.326	*	0.91-0.93	0.349-0.360	0.46	72
	71	7.2-7.4	10.3-10.6	*	2.197-2.251	0.308-0.316	24%	0.88-0.90	0.336-0.348	0.45	71
High Risk	70	6.9-7.1	10.0-10.2	*	2.143-2.196	0.298-0.307	*	0.85-0.87	0.324-0.335	0.44	70
	69	6.7-6.8	9.6-9.9	*	2.088-2.142	0.289-0.297	23%	0.82-0.84	0.311-0.323	0.42-0.43	69
	68	6.4-6.6	9.3-9.5	*	2.034-2.087	0.279-0.288	22%	0.79-0.81	0.299-0.310	0.41	68
	67	6.1-6.3	9.0-9.2	*	1.979-2.033	0.270-0.278	*	0.76-0.78	0.287-0.298	0.40	67
	66	5.8-6.0	8.6-8.9	*	1.924-1.978	0.260-0.269	21%	0.74-0.75	0.274-0.286	0.39	66
Moderate Risk	65	5.6-5.7	8.3-8.5	*	1.870-1.923	0.251-0.259	20%	0.71-0.73	0.262-0.273	0.38	65
	64	5.3-5.5	7.9-8.2	*	1.815-1.869	0.241-0.250	*	0.68-0.70	0.249-0.261	0.37	64
	63	5.0-5.2	7.6-7.8	*	1.761-1.814	0.232-0.240	19%	0.65-0.67	0.237-0.248	0.35-0.36	63
	62	4.7-4.9	7.3-7.5	*	1.706-1.760	0.222-0.231	18%	0.62-0.64	0.224-0.236	0.34	62
	61	4.5-4.6	6.9-7.2	*	1.651-1.705	0.213-0.221	*	0.59-0.61	0.212-0.223	0.33	61
Low Risk	60	4.2-4.4	6.6-6.8	*	1.597-1.650	0.204-0.212	17%	0.56-0.58	0.200-0.211	0.32	60
	59	3.9-4.1	6.2-6.5	*	1.542-1.596	0.194-0.203	16%	0.53-0.55	0.187-0.199	0.31	59
	58	3.6-3.8	5.9-6.1	*	1.488-1.541	0.185-0.193	*	0.50-0.52	0.175-0.186	0.30	58
	57	3.4-3.5	5.6-5.8	97%-100%	1.433-1.487	0.175-0.184	15%	0.48-0.49	0.162-0.174	0.29	57
	56	3.1-3.3	5.2-5.5	92%-96%	1.379-1.432	0.166-0.174	14%	0.45-0.47	0.150-0.161	0.27	56
Expected Range	55	2.8-3.0	4.9-5.1	88%-91%	1.324-1.378	0.156-0.165	*	0.42-0.44	0.137-0.149	0.26	55
	54	2.5-2.7	4.5-4.8	84%-87%	1.269-1.323	0.147-0.155	13%	0.39-0.41	0.125-0.136	0.25	54
	53	2.3-2.4	4.2-4.4	79%-83%	1.215-1.268	0.137-0.146	12%	0.36-0.38	0.113-0.124	0.24	53
	52	2.0-2.2	3.9-4.1	75%-78%	1.160-1.214	0.128-0.136	*	0.33-0.35	0.100-0.112	0.23	52
	51	1.7-1.9	3.5-3.8	70%-74%	1.106-1.159	0.118-0.127	11%	0.30-0.32	0.088-0.099	0.22	51
	50	1.4-1.6	3.2-3.4	66%-69%	1.051-1.105	0.109-0.117	*	0.27-0.29	0.075-0.087	0.20-0.21	50
Expected Range	49	1.2-1.3	2.8-3.1	61%-65%	0.996-1.050	0.100-0.108	10%	0.24-0.26	0.063-0.074	0.19	49
	48	0.9-1.1	2.5-2.7	57%-60%	0.942-0.995	0.090-0.099	9%	0.22-0.23	0.051-0.062	0.18	48
	47	0.6-0.8	2.2-2.4	53%-56%	0.887-0.941	0.081-0.089	*	0.19-0.21	0.038-0.050	0.17	47
	46	0.3-0.5	1.8-2.1	48%-52%	0.833-0.886	0.071-0.080	8%	0.16-0.18	0.026-0.037	0.16	46
	45	0.1-0.2	1.5-1.7	44%-47%	0.778-0.832	0.062-0.070	7%	0.13-0.15	0.013-0.025	0.15	45
Low Risk	44	0.0	1.1-1.4	39%-43%	0.723-0.777	0.052-0.061	*	0.10-0.12	0.001-0.012	0.14	44
	43	*	0.8-1.0	35%-38%	0.669-0.722	0.043-0.051	6%	0.07-0.09	0.000	0.12-0.13	43
	42	*	0.5-0.7	30%-34%	0.614-0.668	0.033-0.042	5%	0.04-0.06	*	0.11	42
	41	*	0.1-0.4	26%-29%	0.560-0.613	0.024-0.032	*	0.01-0.03	*	0.10	41
	40	*	0.0	21%-25%	0.505-0.559	0.014-0.023	4%	0.00	*	0.09	40
Moderate Risk	39	*	*	17%-20%	0.451-0.504	0.005-0.013	3%	*	*	0.08	39
	38	*	*	13%-16%	0.396-0.450	0.000-0.004	*	*	*	0.07	38
	37	*	*	8%-12%	0.341-0.395	*	2%	*	*	0.05-0.06	37
	36	*	*	4%-7%	0.287-0.340	*	1%	*	*	0.04	36
	35	*	*	0%-3%	0.232-0.286	*	*	*	*	0.03	35
High	< 35	*	*	*	<0.232	*	<1%	*	*	<0.03	< 35

Legend:

Current Rate/T-score

Enter Date Range Previous T-score

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Provider: 0

Profile Date: 1/0/1900

		INCIDENT PROCESSING				ABUSE, NEGLECT, AND EXPLOITATION by STAFF			
		Incidents Reported Late (> 24hrs)	Incidents Closed Late (> 30 days)	Sentinels Closed Late (> 3 days)		Allegations of ANE by Staff	% Substantiated	% Staff Suspended From Duty	
Provider's Rate		0%	0%	0%		#DIV/0!	0%	0%	
T-Score									T-Score
Critical Risk	> 74	>20%	>11%	>27%		>0.906	.	.	> 74
	74	.	.	27%		0.879-0.906	.	.	74
	73	20%	11%	26%		0.851-0.878	.	.	73
	72	.	.	25%		0.823-0.850	.	.	72
High Risk	71	19%	.	24%		0.795-0.822	.	.	71
	70	.	.	.		0.768-0.794	.	.	70
	69	18%	10%	23%		0.740-0.767	.	.	69
	68	.	.	22%		0.712-0.739	.	.	68
Moderate Risk	67	17%	.	21%		0.684-0.711	.	.	67
	66	16%	.	.		0.656-0.683	.	.	66
	65	.	9%	20%		0.628-0.655	99%-100%	.	65
	64	15%	.	19%		0.600-0.627	96%-98%	.	64
Low Risk	63	.	.	18%		0.573-0.599	94%-95%	.	63
	62	14%	.	.		0.545-0.572	91%-93%	.	62
	61	.	8%	17%		0.517-0.544	88%-90%	.	61
	60	13%	.	16%		0.489-0.516	85%-87%	.	60
Expected Range	59	.	.	15%		0.461-0.488	82%-84%	100%	59
	58	12%	.	14%		0.433-0.460	79%-81%	98%-99%	58
	57	.	.	.		0.405-0.432	77%-78%	97%	57
	56	11%	7%	13%		0.378-0.404	74%-76%	95%-96%	56
Low Risk	55	10%	.	12%		0.350-0.377	71%-73%	94%	55
	54	.	.	11%		0.322-0.349	68%-70%	92%-93%	54
	53	9%	.	.		0.294-0.321	65%-67%	91%	53
	52	.	6%	10%		0.266-0.293	62%-64%	89%-90%	52
Moderate Risk	51	8%	.	9%		0.238-0.265	60%-61%	88%	51
	50	.	.	8%		0.210-0.237	57%-59%	86%-87%	50
	49	7%	.	7%		0.183-0.209	54%-56%	85%	49
	48	.	5%	.		0.155-0.182	51%-53%	83%-84%	48
Low Risk	47	6%	.	6%		0.127-0.154	48%-50%	82%	47
	46	5%	.	5%		0.099-0.126	45%-47%	80%-81%	46
	45	.	.	4%		0.071-0.098	43%-44%	79%	45
	44	4%	4%	.		0.043-0.070	40%-42%	77%-78%	44
Moderate Risk	43	.	.	3%		0.015-0.042	37%-39%	76%	43
	42	3%	.	2%		0.000-0.014	34%-36%	74%-75%	42
	41	.	.	1%		.	31%-33%	73%	41
	40	2%	3%	0%		.	28%-30%	71%-72%	40
High	39	.	.	.		.	26%-27%	70%	39
	38	1%	.	.		.	23%-25%	68%-69%	38
	37	0%	.	.		.	20%-22%	67%	37
	36	.	.	.		.	17%-19%	65%-66%	36
High	35	.	2%	.		.	14%-16%	64%	35
	< 35	.	<2%	.		.	<14%	<64%	< 35

Legend:

Current Rate/T-score

Enter Date Range

Previous T-score

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Provider: 0		Profile Date: 1/0/1900											
		BEHAVIORAL INCIDENTS								FAILURES			
		Aggression	Sexual Assault	Elopement	Suicide Attempt	Suicidal Thoughts / Ideations	Pica	Property Damage	Self-Injurious Behavior	PRN for Behavior	Physical Restraints	Prohibited Intervention	Arrests
Provider's Rate	T-Score	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0	#DIV/0!
Critical Risk	> 74	>0.533	>0.0061	>0.160	>0.0173	>0.0479	>0.0056	>0.099	>0.151	>0.258	>0.155	>1	>0.0150
	74	0.521-0.533	0.0060-0.0061	0.155-0.160	0.0168-0.0173	0.0464-0.0479	0.0054-0.0056	0.096-0.099	0.147-0.151	0.250-0.258	0.151-0.155	.	0.0146-0.0150
	73	0.505-0.520	0.0058-0.0059	0.150-0.154	0.0162-0.0167	0.0449-0.0463	0.0052-0.0053	0.093-0.095	0.143-0.146	0.241-0.249	0.146-0.150	.	0.0141-0.0145
	72	0.490-0.504	0.0056-0.0057	0.145-0.149	0.0156-0.0161	0.0433-0.0448	0.0050-0.0051	0.090-0.092	0.138-0.142	0.232-0.240	0.141-0.145	.	0.0135-0.0140
	71	0.474-0.489	0.0054-0.0055	0.140-0.144	0.0150-0.0155	0.0418-0.0432	0.0048-0.0049	0.086-0.089	0.133-0.137	0.223-0.231	0.136-0.140	.	0.0130-0.0134
High Risk	70	0.459-0.473	0.0051-0.0053	0.134-0.139	0.0143-0.0149	0.0403-0.0417	0.0046-0.0047	0.083-0.085	0.129-0.132	0.215-0.222	0.130-0.135	.	0.0125-0.0129
	69	0.443-0.458	0.0049-0.0050	0.129-0.133	0.0137-0.0142	0.0388-0.0402	0.0044-0.0045	0.080-0.082	0.124-0.128	0.206-0.214	0.125-0.129	.	0.0120-0.0124
	68	0.428-0.442	0.0047-0.0048	0.124-0.128	0.0131-0.0136	0.0372-0.0387	0.0042-0.0043	0.077-0.079	0.119-0.123	0.197-0.205	0.120-0.124	.	0.0114-0.0119
	67	0.412-0.427	0.0045-0.0046	0.118-0.123	0.0125-0.0130	0.0357-0.0371	0.0040-0.0041	0.073-0.076	0.115-0.118	0.188-0.196	0.115-0.119	.	0.0109-0.0113
	66	0.397-0.411	0.0043-0.0044	0.113-0.117	0.0119-0.0124	0.0342-0.0356	0.0038-0.0039	0.070-0.072	0.110-0.114	0.179-0.187	0.110-0.114	1	0.0104-0.0108
Moderate Risk	65	0.381-0.396	0.0040-0.0042	0.108-0.112	0.0112-0.0118	0.0326-0.0341	0.0036-0.0037	0.067-0.069	0.105-0.109	0.170-0.178	0.105-0.109	.	0.0099-0.0103
	64	0.366-0.380	0.0038-0.0039	0.103-0.107	0.0106-0.0111	0.0311-0.0325	0.0034-0.0035	0.063-0.066	0.101-0.104	0.161-0.169	0.100-0.104	.	0.0094-0.0098
	63	0.350-0.364	0.0036-0.0037	0.097-0.102	0.0100-0.0105	0.0296-0.0310	0.0032-0.0033	0.060-0.062	0.096-0.100	0.152-0.160	0.095-0.099	.	0.0088-0.0093
	62	0.335-0.349	0.0034-0.0035	0.092-0.096	0.0094-0.0099	0.0280-0.0297	0.0030-0.0031	0.057-0.059	0.091-0.095	0.143-0.151	0.089-0.094	.	0.0083-0.0087
	61	0.319-0.334	0.0032-0.0033	0.087-0.091	0.0088-0.0093	0.0265-0.0279	0.0028-0.0029	0.054-0.056	0.087-0.090	0.134-0.142	0.084-0.088	.	0.0078-0.0082
Low Risk	60	0.304-0.318	0.0029-0.0031	0.082-0.086	0.0081-0.0087	0.0250-0.0264	0.0026-0.0027	0.050-0.053	0.082-0.086	0.125-0.133	0.079-0.083	.	0.0073-0.0077
	59	0.288-0.303	0.0027-0.0028	0.076-0.081	0.0075-0.0080	0.0235-0.0249	0.0024-0.0025	0.047-0.049	0.077-0.081	0.116-0.124	0.074-0.078	.	0.0068-0.0072
	58	0.273-0.287	0.0025-0.0026	0.071-0.075	0.0069-0.0074	0.0219-0.0234	0.0022-0.0023	0.044-0.046	0.073-0.076	0.107-0.115	0.069-0.073	.	0.0062-0.0067
	57	0.258-0.272	0.0023-0.0024	0.066-0.070	0.0063-0.0068	0.0204-0.0218	0.0020-0.0021	0.041-0.043	0.068-0.072	0.099-0.106	0.064-0.068	.	0.0057-0.0061
	56	0.242-0.257	0.0021-0.0022	0.061-0.065	0.0057-0.0062	0.0189-0.0203	0.0018-0.0019	0.037-0.040	0.063-0.067	0.090-0.098	0.059-0.063	.	0.0052-0.0056
Expected Range	55	0.227-0.241	0.0018-0.0020	0.055-0.060	0.0050-0.0056	0.0173-0.0188	0.0016-0.0017	0.034-0.036	0.059-0.062	0.081-0.089	0.053-0.058	.	0.0047-0.0051
	54	0.211-0.226	0.0016-0.0017	0.050-0.054	0.0044-0.0049	0.0158-0.0172	0.0014-0.0015	0.031-0.033	0.054-0.058	0.072-0.080	0.048-0.052	.	0.0042-0.0046
	53	0.196-0.210	0.0014-0.0015	0.045-0.049	0.0038-0.0043	0.0143-0.0157	0.0012-0.0013	0.027-0.030	0.049-0.053	0.063-0.071	0.043-0.047	.	0.0036-0.0041
	52	0.180-0.195	0.0012-0.0013	0.040-0.044	0.0032-0.0037	0.0127-0.0142	0.0010-0.0011	0.024-0.026	0.045-0.048	0.054-0.062	0.038-0.042	.	0.0031-0.0035
	51	0.165-0.179	0.0010-0.0011	0.034-0.039	0.0026-0.0031	0.0112-0.0126	0.0008-0.0009	0.021-0.023	0.040-0.044	0.045-0.053	0.033-0.037	.	0.0026-0.0030
Low Risk	50	0.149-0.164	0.0007-0.0009	0.029-0.033	0.0019-0.0025	0.0097-0.0111	0.0006-0.0007	0.018-0.020	0.035-0.039	0.036-0.044	0.028-0.032	.	0.0021-0.0025
	49	0.134-0.148	0.0005-0.0006	0.024-0.028	0.0013-0.0018	0.0082-0.0096	0.0004-0.0005	0.014-0.017	0.031-0.034	0.027-0.035	0.023-0.027	.	0.0016-0.0020
	48	0.118-0.133	0.0003-0.0004	0.019-0.023	0.0007-0.0012	0.0066-0.0081	0.0002-0.0003	0.011-0.013	0.026-0.030	0.018-0.026	0.018-0.022	.	0.0010-0.0015
	47	0.103-0.117	0.0001-0.0002	0.013-0.018	0.0001-0.0006	0.0051-0.0065	0.0000-0.0001	0.008-0.010	0.021-0.025	0.009-0.017	0.012-0.017	.	0.0005-0.0009
	46	0.087-0.102	0.0000	0.008-0.012	0.0000	0.0036-0.0050	-	0.004-0.007	0.017-0.020	0.000-0.008	0.007-0.011	.	0.0000-0.0004
Low Risk	45	0.072-0.086	-	0.003-0.007	-	0.0020-0.0035	-	0.001-0.003	0.012-0.016	-	0.002-0.006	0	-
	44	0.056-0.071	-	0.000-0.002	-	0.0005-0.0019	-	0.000	0.008-0.011	-	0.000-0.001	-	-
	43	0.041-0.055	-	-	-	0.0000-0.0004	-	-	0.003-0.007	-	-	-	-
	42	0.026-0.040	-	-	-	-	-	-	0.000-0.002	-	-	-	-
	41	0.010-0.025	-	-	-	-	-	-	-	-	-	-	-
Moderate Risk	40	0.000-0.009	-	-	-	-	-	-	-	-	-	-	-
	39	-	-	-	-	-	-	-	-	-	-	-	-
	38	-	-	-	-	-	-	-	-	-	-	-	-
	37	-	-	-	-	-	-	-	-	-	-	-	-
	36	-	-	-	-	-	-	-	-	-	-	-	-
High	35	-	-	-	-	-	-	-	-	-	-	-	-
	<35	-	-	-	-	-	-	-	-	-	-	-	-

Legend: Current Rate/T-score

Enter Date Range Previous T-score

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Provider: 0

Profile Date: 1/0/1900

		MEDICATION ERRORS	MEDICAL INCIDENTS			MEDICAL ER VISITS	
		Medication Errors (all)	Choking w/Intervention	Falls w/Injury	Injuries	Medical ER Visits	
Provider's Rate	#DIV/O!	#DIV/O!	#DIV/O!	#DIV/O!	#DIV/O!	#DIV/O!	T-Score
T-Score							
Critical Risk	> 74	>0.719	>0.0311	>0.277	>0.163	>0.506	> 74
	74	0.699-0.719	0.0302-0.0311	0.270-0.277	0.160-0.163	0.495-0.506	74
	73	0.679-0.698	0.0292-0.0301	0.263-0.269	0.155-0.159	0.482-0.494	73
	72	0.658-0.678	0.0282-0.0291	0.256-0.262	0.151-0.154	0.470-0.481	72
	71	0.638-0.657	0.0272-0.0281	0.248-0.255	0.146-0.150	0.457-0.469	71
High Risk	70	0.617-0.637	0.0262-0.0271	0.241-0.247	0.142-0.145	0.445-0.456	70
	69	0.597-0.616	0.0252-0.0261	0.234-0.240	0.137-0.141	0.433-0.444	69
	68	0.576-0.596	0.0242-0.0251	0.226-0.233	0.133-0.136	0.420-0.432	68
	67	0.556-0.575	0.0232-0.0241	0.219-0.225	0.129-0.132	0.408-0.419	67
	66	0.535-0.555	0.0222-0.0231	0.212-0.218	0.124-0.128	0.395-0.407	66
Moderate Risk	65	0.515-0.534	0.0212-0.0221	0.204-0.211	0.120-0.123	0.383-0.394	65
	64	0.494-0.514	0.0202-0.0211	0.197-0.203	0.115-0.119	0.371-0.382	64
	63	0.474-0.493	0.0192-0.0201	0.189-0.196	0.111-0.114	0.358-0.370	63
	62	0.453-0.473	0.0182-0.0191	0.182-0.188	0.106-0.110	0.346-0.357	62
	61	0.432-0.452	0.0171-0.0181	0.175-0.181	0.102-0.105	0.333-0.345	61
Low Risk	60	0.412-0.431	0.0161-0.0170	0.167-0.174	0.097-0.101	0.321-0.332	60
	59	0.391-0.411	0.0151-0.0160	0.160-0.166	0.094-0.096	0.308-0.320	59
	58	0.371-0.390	0.0141-0.0150	0.153-0.159	0.089-0.093	0.296-0.307	58
	57	0.350-0.370	0.0131-0.0140	0.145-0.152	0.084-0.090	0.284-0.295	57
	56	0.330-0.349	0.0121-0.0130	0.138-0.144	0.080-0.083	0.271-0.283	56
Expected Range	55	0.309-0.329	0.0111-0.0120	0.130-0.137	0.075-0.079	0.259-0.270	55
	54	0.289-0.308	0.0101-0.0110	0.123-0.129	0.071-0.074	0.246-0.258	54
	53	0.268-0.288	0.0091-0.0100	0.116-0.122	0.066-0.070	0.234-0.245	53
	52	0.248-0.267	0.0081-0.0090	0.108-0.115	0.062-0.065	0.222-0.233	52
	51	0.227-0.247	0.0071-0.0080	0.101-0.107	0.058-0.061	0.209-0.221	51
	50	0.207-0.226	0.0061-0.0070	0.094-0.100	0.053-0.057	0.197-0.208	50
	49	0.186-0.206	0.0051-0.0060	0.086-0.093	0.049-0.052	0.184-0.196	49
	48	0.166-0.185	0.0041-0.0050	0.079-0.085	0.044-0.048	0.172-0.183	48
Low Risk	47	0.145-0.165	0.0031-0.0040	0.072-0.078	0.040-0.043	0.160-0.171	47
	46	0.125-0.144	0.0021-0.0030	0.064-0.071	0.035-0.039	0.147-0.159	46
	45	0.104-0.124	0.0011-0.0020	0.057-0.063	0.031-0.034	0.135-0.146	45
	44	0.083-0.103	0.0001-0.0010	0.049-0.056	0.026-0.030	0.122-0.134	44
	43	0.063-0.082	0.0000	0.042-0.048	0.022-0.025	0.110-0.121	43
	42	0.042-0.062	-	0.035-0.041	0.018-0.021	0.098-0.109	42
	41	0.022-0.041	-	0.027-0.034	0.013-0.017	0.085-0.097	41
	40	0.001-0.021	-	0.020-0.026	0.009-0.012	0.073-0.084	40
Moderate Risk	39	<0.001	-	0.013-0.019	0.004-0.008	0.060-0.072	39
	38	-	-	0.005-0.012	0.000-0.003	0.048-0.059	38
	37	-	-	0.000-0.004	-	0.035-0.047	37
	36	-	-	-	-	0.023-0.034	36
	35	-	-	-	-	0.011-0.022	35
High	< 35	-	-	-	-	<0.011	< 35

Legend:

Current Rate/T-score

Enter Date Range

Previous T-score

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Page 6

0

Complaint Allegations

0

Allegation Type	Investigation #	Substantiated?	CAP Required?

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8 PROVIDER REVIEW PROFILE - TECHNICAL INFORMATION	
Below is a list of definitions as well as calculations utilized to generate the rates that are captured on the different profiles. In addition, T Scores have a Mean of 50 and a Standard Deviation (measure of variability) of 10. Within the profiles, 1/2 Standard Deviations are marked.	
Worksheet (Page 1)	
Size and Complexity	Monthly Client Average: The average number of clients a provider supports each month receiving RH10, RH20, and SFC (average calculated for a 12 month period).
	Average ALGO: The average ALGO (utilized for rate setting based on client needs) across all clients the provider delivers residential habilitation services (RH10, RH20, and SFC).
	Average Behavioral Factor: The average Behavioral Factor (level of behavioral challenge/needs) across all clients the provider delivers residential habilitation services (RH10, RH20, and SFC). The Behavioral Factor is one of the data elements utilized to compute an individual's overall ALGO score.
	Average Health Factor: The average Health Factor (level of medical challenge/needs) across all clients the provider delivers residential habilitation services (RH10, RH20, and SFC). The Health Factor is one of the data elements utilized to compute an individual's overall ALGO score.
Section I - PRP Complaints and Incident Data (Page 2)	
Summary	Complaints: $\frac{\text{Total number of complaints for the year (filed with BQIS)} \times 100}{\text{Monthly Client Average}}$.
	Number of Complaint Issues Substantiated: $\frac{((\text{Total number of issues identified within all complaints (filed with BQIS) for the year that were substantiated} \times 100))}{\text{Monthly Client Average}}$.
	% of Substantiated Issues Requiring a CAP: Percentage of the substantiated issues that required a CAP by BQIS during an investigation.
	CERT: The total score (probes) from the Comprehensive Evaluation and Review Tool (CERT), based on 181 probes reviewed (reviews after 10/1/11, adjusted for number - i.e., 10/1/11 - 10/31/13 multiplied by 0.4776; 11/1/13 forward multiplied by 0.8303).
	Incidents: $\frac{((\text{Total number of incidents for the year} + 0.001 \text{ (constant added to allow examination of low scores)})}{\text{Monthly Client Average}} / \text{Average ALGO}$.
	Sentinel Incidents: $\frac{((\text{Total number of annual incidents classified as sentinel} + 0.001 \text{ (constant added to allow examination of low scores)})}{\text{Monthly Client Average}} / \text{Average ALGO}$.
	% of Incidents Made Sentinel: The number of sentinel incidents for the year / the total number of incident reports for the year.
	Behavioral Incidents: Total score made up of the following incident categories: Aggression, Sexual Assault, Elopement, Suicidal Attempts, Suicidal Thoughts, Pica, Property Damage, and Self-Injury. The rate is calculated by: $\frac{((\text{Total Behavioral Score} + 0.001))}{\text{Monthly Client Average}} / \text{Average Behavioral Factor}$.
	Behavioral Failures: Behavioral Failures are made up of the following incident categories: PRN for Behavior, Physical Restraints, Mechanical Restraints, Prone Restraints, Seclusion, Use of Aversives, and Client Arrests. The rate is calculated by: $\frac{((\text{Total Behavioral Failure Score} + 0.001))}{\text{Monthly Client Average}} / \text{Average Behavioral Factor}$.
	Medical Incidents: Total score made up of the following incident categories: Choking, Falls, and Injuries. The rate is calculated by: $\frac{((\text{Total Medical Incidents} + 0.001))}{\text{Monthly Client Average}} / \text{Average Health Factor}$.



Section II - PRP Incident Processing and ANE Data (Page 3)		
Incident Processing	Incidents Reported Late:	Percentage of incidents reported late (more than 24 hours after knowledge of the incident).
	Incidents Closed Late:	Percentage of incidents that were closed late (more than 30 days after incident date).
	Sentinel Incidents Closed Late:	Percentage of sentinel incidents that were closed late (more than 3 days after classification as sentinel).
ANE by Staff	Allegations of ANE by Staff:	(All allegations of abuse, neglect, and exploitation that were attributed to staff + 0.001) / Monthly Client Average.
	% Substantiated:	For allegations that have data on substantiation available, this is: (The number of ANE allegations substantiated / total number substantiated + not substantiated) * 100
	% of Staff Suspended From Duty (pending results from investigation):	For allegations of ANE, staff must be suspended pending the outcome of the investigation. For allegations that have data on staff suspension, this is (The number of ANE allegations where staff were suspended / total number of allegations with suspension + without suspension) * 100
Section III - PRP Behavioral Data (Page 4)		
Behavioral Incidents	Aggression:	((Total incidents involving aggression directed at others (e.g., other clients, staff, community members, etc.) + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Sexual Assault:	((Total incidents involving sexual assault + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Elopement:	((Total incidents involving elopement + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Suicidal Attempts:	((Total incidents involving suicide attempts + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Suicidal Thoughts:	((Total incidents involving suicide thoughts + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Pica:	((Total incidents involving pica + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Property Damage:	((Total incidents involving property damage + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Self-Injury:	((Total incidents involving self-injurious behavior + 0.001) / Monthly Client Average) / Average Behavioral Factor.
Behavioral Failures	PRN for Behavior:	((Total incidents involving use of a PRN for behavior control + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Physical Restraint:	((Total incidents involving use of a physical/manual restraint for behavior control + 0.001) / Monthly Client Average) / Average Behavioral Factor.
	Prohibited Intervention:	Total incidents involving use of mechanical restraints, prone restraint, seclusion and aversives.
	Client Arrests:	((Total incidents where a client was arrested + 0.001) / Monthly Client Average) / Average Behavioral Factor.



Section IV - PRP Medication and Medical Data (Page 5)		
ER	Medical ER Visits:	((Annual incidents where a client is taken to the ER for Medical Treatment/Evaluation + 0.001) / Monthly Client Average) / Average Health Factor.
	Choking Requiring Intervention:	((Annual incidents of choking + 0.001) / Monthly Client Average) / Average Health Factor.
Medical Incidents	Falls w/Injury:	((Annual falls with injuries (e.g., producing an injury) +0.001) / Monthly Client Average) / Average Health Factor.
	Injuries:	((Annual injuries reported as incidents (e.g., fractures) + 0.001) / Monthly Client Average) / Average Health Factor.
Errors	All Medication Errors:	((Total number of medication errors reported for the year (e.g., missed dose, wrong dose, wrong route, etc.) +0.001)/ Monthly Client Average) / Average Health Factor.

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**Indiana Division of Disability and Rehabilitative Services
Bureau of Quality Improvement Services (BQIS)**

Re-Approval Assessment

Provider Name:
Data Assessed For The Period Of:
Assessment Due Date:

Provider Street Address:
City, State, Zip:
Provider Mailing Address:
City, State, Zip:

Date Submitted to BQIS:	Click here to enter a date.
Date Addendum Submitted to BQIS:	Click here to enter a date.
Completed by (name):	Click here to enter text.
Title:	Click here to enter text.
Telephone Number:	Click here to enter text.
Email Address:	Click here to enter text.
Name of Chief Executive Officer:	Click here to enter text.
Email Address:	Click here to enter text.

Please indicate any changes to the above listed provider name and/or addresses

Provider Name:	Click here to enter text.
Provider Street Address:	Click here to enter text.
City, State, Zip:	Click here to enter text.
Provider Mailing Address:	Click here to enter text.
City, State, Zip:	Click here to enter text.

BQIS Provider Re-Approval Process Contact:

Shelly Thomas
Division of Disability and Rehabilitative Services
Indiana Family and Social Services Administration
402 W. Washington Street, Room 453
Indianapolis, IN 46204
317-234-2764 Shelly.Thomas@fssa.in.gov

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PROVIDER RE-APPROVAL

The provider re-approval process is designed to validate that a provider maintains policies, procedures and systems that ensure the needs of consumers are met according to Individualized Support Plans, Behavioral Support Plans and service plans. Providers must substantiate that their systems (i.e., policies, procedures, protocols, staff training, etc.), are designed to address quality improvement and all processes are aligned to offer programs with health, safety and welfare at their core. The Bureau of Quality Improvement Services (BQIS) will utilize Provider Review Profile data, completed Re-Approval Assessment, and addendums to develop a recommendation for a Provider Relations re-approval period of 6, 12, or 36 months.

DOCUMENTS

To perform a thorough fact based review, a provider specific report has been developed. This report is titled the **Provider Review Profile (PRP)**. Once the provider has reviewed and analyzed its PRP, the provider then completes the **Re-Approval Assessment** document.

PROVIDER REVIEW PROFILE (PRP)

The PRP is a data driven report that allows the provider to assess its organization's data, as measured against a benchmark of relatively similar (e.g. client count and Algo levels) providers. Analyzing this data is pivotal in reviewing the provider's performance.

The PRP is structured to provide data in multiple categories (risk areas). For each of the risk areas, the provider assesses the reason for being out of expected range (above or below), analyzes how successes can be replicated and what can be done to address a policy, procedure or training when they have proven to be ineffective or inadequate. The results of this analysis are documented on the Re-Approval Assessment form. For the re-approval process, providers should consider how their respective PRP data is reflective of quantitative and qualitative data: quantitative numbers are indicative of measureable facts, but the qualitative data is suggestive of what methods your agency uses, and whether or not they are working to deliver outcomes your organization expects.

Tips: When documenting the reasons for the variation from the norm, being above or below the expected range, consider issues such as individual-specific data that may be affecting your rates (e.g., repeat incidents attributed to a few consumers). Detail if there is evidence to suggest data is trending in the right direction (i.e., showing improvement).

RE-APPROVAL ASSESSMENT

The Re-Approval Assessment is formatted to identify areas of improvement and encourage data analysis. There are six sections. The first four sections are directly tied to the PRP data. Once the data has been analyzed, the provider is asked a series of questions, by category, to assess how performance in these categories is monitored and how service level improvements are made based on the data. The fifth and sixth sections of the Re-Approval Assessment are focused on the broader subject of providing quality care and services. Documenting how the organization will implement change and what cultural shifts are required are important components in these final two sections.

DOCUMENT SUBMISSION

The Re-Approval Assessment, with all sections completed by the provider, is due on or before the date noted on the cover page of this document. The completed Re-Approval Assessment must be submitted to BQIS at BQISReporting@fssa.in.gov. When submitting this document, the provider may also attach to the email (as separate documents) copies of training programs, forms or any other documents that will aid in the review of the provider's systems and processes. Once this assessment has been reviewed by the BQIS team, BQIS may request a telephone conference or in-person meeting for the purpose of clarifying information the provider submitted and/or for discussion on improvement plans. *Note: Failure to submit a written Re-Approval Assessment plan may result in the provider receiving a shorter re-approval term.*



[%] % of the Risk Categories in the Expected Range

Client Count = [Client Count]

Algo = [Algo]

Behavioral Factor = [BF]

Health Factor = [HF]

Data Analysis

Section I - PRP Complaints and Incidents Data*

Category	Below the expected range	Above the expected range
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		

[* Provider's new to the re-approval process will have CERT data indicated in this section]

Provider Analysis - Complaints and Incidents Data (Note: behavioral and medical are detailed in a separate section)

- 1) *For the risk areas shown, confirm the data is accurate and describe why the data indicates your organization was above or below the expected range compared to your peer organizations. If necessary, provide specific details to explain the rates.* [Click here to enter text.](#)
- 2) *Provide information regarding the activities your organization has implemented to prevent incidents from occurring.* [Click here to enter text.](#)
- 3) *Detail how services are being provided according to the consumers' support, behavior and risk plans.* [Click here to enter text.](#)
- 4) *Detail the training that is provided to staff regarding incidents. How are new employees trained and what programs exist for re-training and refresher training. How are training records maintained?* [Click here to enter text.](#)
- 5) *Who in your organization is directly responsible for collecting data on complaints and incidents (name a title) and how is information regarding incidents disseminated to all staff (individually and the staff as a whole).* [Click here to enter text.](#)
- 6) *What is the policy and procedure that is followed when investigating incident reports and what is the internal protocol for follow-up on reports of incidents?* [Click here to enter text.](#)
- 7) *What are your policies, procedures and training protocol when a concern is expressed regarding an individual enrolled in your services? (This question is specific to general issues and not a formal complaint).* [Click here to enter text.](#)
- 8) *If this Re-Approval Assessment includes CERT* data [providers new to the re-approval process], describe your process for ensuring the procedures implemented to correct the identified issues in the CERT continue to be effective. Type N/A if not applicable to your assessment.* [Click here to enter text.](#)



Section II - PRP Incident Processing and Abuse/Neglect/Exploitation Data

Category	Below the expected range	Above the expected range
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		

Provider Analysis - Incident Processing and Abuse/Neglect/Exploitation Data (Note: behavioral and medical are detailed in a separate section)

1) Review your incident report processing. For the risk areas shown, confirm the data is accurate and describe why the data indicates your organization was above or below the expected range as compared to your peer organizations. [Click here to enter text.](#)

2) Provide details of how your incident reporting processes have been improved to reduce the frequency of late reports. [Click here to enter text.](#)



3) How do your staff members know what is a reportable incident? How are staff members trained regarding incident reporting? How do you assure staff is competent on an ongoing and continuous basis? [Click here to enter text.](#)

4) Review your rate of Abuse/Neglect/Exploitation by staff. Confirm the data is accurate and describe why the data indicates your organization had above or below the expected range than your peer organizations. [Click here to enter text.](#)

5) Detail how staff allegations of Abuse/Neglect/Exploitation are addressed, including the specific procedures that are followed. [Click here to enter text.](#)

6) Detail the training that is provided to staff regarding abuse, neglect and exploitation. Include specifics on frequency of training, how you assure staff is competent, on an ongoing and continuous basis, and include how training records are maintained. [Click here to enter text.](#)



Section III - PRP Behavioral Data

Category	Below the expected range	Above the expected range
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		

Provider Analysis - Behavioral Data

1) *For the risk areas shown, confirm the data is accurate and describe why the data indicates your organization had above or below the expected range as compared to your peer organizations.* Click here to enter text.

2) *Provide specific details of the activities your organization uses to prevent and/or address behavioral risks.* Click here to enter text.



3) *In addition to the training that is provided by the Behavioral Clinician, what training is offered to the staff on behavior management? What training is required?* Click here to enter text.

4) *If your organization provides behavior management services, describe the behavior management staff training schedule, including newhire training, annual training and behavior specific educational sessions. (Indicate N/A if not applicable to your organization).* Click here to enter text.

5) *Explain your organization's protocols for ensuring prohibited interventions are not utilized. Please include specific training programs and how staff competency is assessed on an ongoing and continuous basis.* Click here to enter text.

6) *If your data indicates the use of a prohibited intervention, describe the process failure and the steps that have been taken to eliminate future occurrences.* Click here to enter text.

7) *Provide a narrative of a successful outcome following a behavior intervention.* Click here to enter text.



Section IV - PRP Medication and Medical Data

Category	Below the expected range	Above the expected range
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		
Risk Area - low/mod/high/critical risk		

Provider Analysis - Medication and Medical Incidents

1) *For risk areas shown, confirm the data is accurate and describe why the data indicates your organization was above or below the expected range as compared to your peer organizations.* Click here to enter text.

2) *Provide specific details of the activities your organization uses to analyze medication errors.* Click here to enter text.



3) *How are recommendations developed and documented to reduce the risk of future medication errors?* Click here to enter text.

4) *What is the process for reviewing the recommendations and gauging their effectiveness in reducing medication errors?* Click here to enter text.

5) *How is staff trained on the administration of medication? Please include a brief summary of the training and who (by title) is responsible for conducting the training.* Click here to enter text.

6) *How is the staff competency measured in the administration of medication? How is staff competency and skill level monitored on a consistent and on-going basis?* Click here to enter text.

7) *Describe how risk plans are developed, implemented and revised to ensure risk is minimized. Include how staff is trained to limit risks for consumers. Please include who (by title) is responsible for development of risk plans and training of staff.* Click here to enter text.



Quality Assurance / Quality Improvement Review

The provider data analysis and question section is completed. The following two sections, *Service Delivery and Consumer Support* and *Remediation Plans/Plans for Improvement* are focused on detailing the organizations response to the consumer needs and how services are assessed and improved.

Section V - Service Delivery & Consumer Supports

- 1) ***As an organization, how do you capture data, track compliance and monitor internal corrective actions? Provide specifics on systems, programs and guidelines that are established to ensure the proper level of service delivery and consumer support. (This question is specific to general data and not limited to incident data).*** [Click here to enter text.](#)
- 2) ***How does your organization know if specific processes and/or policies are effective and are working as needed? If a policy, protocol or process is identified as not working properly, what steps are taken to correct the problem? (Do not limit your response to incident data).*** [Click here to enter text.](#)
- 3) ***Detail specifics on the steps your organization takes to ensure Individual Service Plans and Behavioral Support Plans are implemented and followed as designed.*** [Click here to enter text.](#)
- 4) ***Describe your organization's current protocol to address and respond to changes in a consumer's needs. Include details on change identification, plan changes, training, risk mitigation, management oversight.*** [Click here to enter text.](#)
- 5) ***Although training has been addressed in each data analysis section, please provide specifics on new employee orientation, training schedules and subjects covered. (Note: attach a copy of the training program if available).*** [Click here to enter text.](#)



Quality Assurance / Quality Improvement Review (cont.)

Section VI – Improvement Plan

1) What new policies, procedures, protocols and systems have been implemented to support better quality and consumer outcomes? Indicate the date(s) of implementation. [Click here to enter text.](#)



2) How does your agency assess the effectiveness of new policies, procedures, protocols, and systems that have been introduced and how are outcomes for the consumer measured? [Click here to enter text.](#)

3) Based on your analysis of the data used in the re-approval process, what changes will be made within the next 6-months to facilitate improvement in the organization's systems, policies and procedures? Please detail who in your organization will implement the change(s), the timetable of the change(s) and how the changes will be evaluated for effectiveness? [Click here to enter text.](#)



Provider submits
completed Re-approval
Assessment and
Accreditation
document to BQIS

Send documents to:

BQISReporting@fssa.in.gov



BQIS schedules a telephone call or meeting within 20 business days to review open items

- If BQIS has questions or needs clarification regarding the Re-approval Assessment submitted
- An email will be sent confirming the date and time of the call or meeting



Subject Line: DDRS Provider Re-Approval: [PROVIDER NAME] Meeting with BQIS

Dear [CONTACT],

This email serves as a confirmation, per our [PHONE CALL OR EMAIL EXCHANGE], that we'll be meeting [AT BQIS' OFFICES OR VIA TELECONFERENCE] on [DATE OF MEETING], at [TIME OF MEETING] EST for an informal conversation about [PROVIDER NAME]'s Re-approval Assessment. *[IF THIS IS A TELECONFERENCE, INSERT THE FOLLOWING SENTENCE: We will be contacting you at the phone number you provided, XXX-XXX-XXXX].*

The meeting should only take about an hour, and it's an opportunity for BQIS and your organization to discuss the quality systems described in the Re-Approval Assessment. Please bring a copy of your Re-approval Assessment or reference and note-taking.

Below is information about parking/navigating through the Government Center to find us!

PARKING INFORMATION

- *Washington Street Government Garage (southwest of the public entrance to the Indiana Government Center South Building):* Located on the corner of Washington Street and West Street, just south of Indiana Government Center South. The entrance to the garage is located on its east side, accessible via Missouri Street. Park in Garage entry #1; space is limited and only available when the legislature is not in session. (Fee required)
- *Senate Street Government Garage:* Located between New York Street and Ohio Street, with entrances on New York Street and Senate Avenue. Space is limited and only available when the legislature is not in session. (Fee required)
- *Eiteljorg/Indiana State Museum Garage:* Located at 500 West Washington Street, at the intersection of West and Washington Streets. Enter the underground garage from Washington Street. (Fee required)
- *Plaza Park:* Located at 109 South Capital Avenue, southeast corner of Maryland and Capital (just east from the Indiana Convention Center and south of the Hyatt Regency). (Fee required)
- *Street Parking:* Available along Washington Street. (Fee required)

MEETING LOCATION AT INDIANA GOVERNMENT CENTER SOUTH BUILDING

Enter the building through the public entrance (302 West Washington Street) on the **south side** of the Indiana Government Center building.

After clearing security:

- Follow the hall to the set of double doors that direct you to the Information Desk.
- Turn left through the doors, and proceed past the information desk through the set of open doors (marked West Wing)
- Take the elevators on the left to the 4th floor. Turn right out of the elevator and proceed to DDRS' offices, W453, just past the men's restroom on the right.

Thank you for your cooperation in this process. Should you have any questions, please do not hesitate to contact me.

Regards,



BQIS sends the provider
a meeting recap and
written request for
information

Email letter outlines the
conversation and request for
written response if needed.



Subject Line: DDRS Provider Re-approval -- [PROVIDER NAME] Request for Information

[CONTACT],

It was a pleasure to speak with you today regarding [PROVIDER NAME]'s re-approval with DDRS. As mentioned during our meeting, the re-approval process is an opportunity for providers to analyze their data and how it relates to the risk areas identified in the Provider Review Profile (PRP).

We talked through some of the questions about your quality systems as described in your Re-approval Assessment, and we indicated that a written response would be required to clarify items, as discussed. For ease of addressing questions, please use a copy of the same Assessment you submitted, but please insert the word '**ADDENDUM**' in all CAPs prior to typing your response to assist in distinguishing your response's text.

Please email your completed document to BQISReporting@fssa.in.gov by **[10 CALENDAR DAYS BEYOND DATE OF LETTER]**.

Attached is a letter outlining the specific questions or areas needing clarification, specific instructions, and timelines. If you've any questions, at all, please do not hesitate to contact me.

Regards,



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

Via Electronic Mail

DATE

[CONTACT INDIVIDUAL]
[CONTACT INDIVIDUAL TITLE]
[PROVIDER NAME]
[PROVIDER ADDRESS]
[PROVIDER ADDRESS]
[PROVIDER EMAIL ADDRESS]

Re: Provider Re-approval Process – Request for Information – Due [DATE]

Dear [CONTACT INDIVIDUAL],

It was a pleasure talking with your organization on [Meeting Date]. As we reviewed, the purpose of the meeting was for an open dialog and for our team at the Bureau of Quality Improvement Services (BQIS) to request clarification on specific topics addressed in the Re-approval Assessment. In order for your organization to receive the most appropriate re-approval term, please fully address the items listed below in your written response.

SECTION I – PRP Complaints and Incidents Data

SECTION II – PRP Incident Processing and Abuse/Neglect/Exploitation Data

SECTION III – PRP Behavioral Data

SECTION IV – Service Delivery & Consumer Supports

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SECTION VI – Improvement Plan

To provide your response, please:

1. Use the same Re-approval Assessment document you originally submitted.
2. Add your reply to the above comments, by category, in the body of the Re-Approval Assessment.
3. Please insert the word 'ADDENDUM' prior to the additional wording.

Your response is due **[10 CALENDAR DAYS FROM THE DATE OF THIS LETTER]**. Please email your reply to BQISReporting@fssa.in.gov.

Based on your Re-approval Assessment, and the additional information provided as a result of this request, BQIS will recommend a re-approve period of 6, 12, or 36 months. Once re-approved, your organization may continue providing services through the Division of Disability and Rehabilitative Services' (DDRS) Medicaid Home and Community Based Services waiver program to people with intellectual and developmental disabilities in Indiana. Your organization will be notified for the re-approval term (6, 12 or 36 months) by the Director of Provider Relations.

Thank you for your commitment to the re-approval process and for providing the additional information requested. As always, please do not hesitate to contact me with any questions.

Sincerely,

Shelly Thomas
Assistant Director
Bureau of Quality Improvement Services
(317) 234-2764
Shelly.Thomas@fssa.in.gov

cc: Anne Davis, Director, Bureau of Quality Improvement Services



Provider sends
response to BQIS

Using the Re-approval
Assessment originally submitted,
Provider inserts the word
“ADDENDUM” and then provides
responses to each question in the
applicable category.



Provider Relations communicates provider re-approval period and sends Provider Agreement for signature and return

- Re-approval period will be for 6, 12 or 36 months
- Return the signed Provider Agreement to:
BQISReporting@fssa.in.gov



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

Via Electronic Mail

DATE

CONTACT
TITLE
NAME OF ORGANIZATION
STREET ADDRESS
CITY, STATE ZIP
EMAIL ADDRESS

Re: **YEAR** Provider Re-approval Term

Dear **CONTACT**,

The Division of Disability and Rehabilitative Services (DDRS) recognizes **NAME OF ORGANIZATION**'s efforts in improving its Quality Assurance/Quality Improvement systems as explained in its assessment of data identified in its Provider Review Profile (PRP) for the time period of **DATE RANGE**.

As described in DDRS' policy and process on provider re-approvals, providers must demonstrate an identification of system deficiencies where they exist in risk categories for which the provider rated above or below the expected range. It is expected that providers analyze their data and identify processes and improvements necessary to ensure its staff, policies/procedures, and overall quality systems render safe and effective services in accordance with Individualized Support Plans, Behavioral Support Plans, other service plans, and ensure the health, safety, and welfare of their consumers. Through this process, and the submission of a Re-Approval Assessment and subsequent Addendum (when appropriate), a provider is recommended for a re-approval time period of six (6), twelve (12), or thirty-six (36) months.

The decision to grant **NAME OF ORGANIZATION** a **NUMBER-month** term was based on the provider's overall efforts to address its PRP's identified risk areas through its Re-Approval Assessment (**DATE**) and Addendum (**DATE**). A **NUMBER-month** re-approval term indicates the need for your organization to enhance the processes currently in place to ensure the health, welfare and safety of its consumers.

To support the designation of this **NUMBER-month** re-approval term, BQIS has identified the following items:





SECTION I – PRP Complaints and Incidents Data
ENTER JUSTIFICATIONS FOR 6 or 12 MONTH HERE

SECTION II – PRP Incident Processing and Abuse/Neglect/Exploitation Data
ENTER JUSTIFICATIONS FOR 6 or 12 MONTH HERE

SECTION III – PRP Behavioral Data
ENTER JUSTIFICATIONS FOR 6 or 12 MONTH HERE

SECTION IV – Service Delivery & Consumer Supports
ENTER JUSTIFICATIONS FOR 6 or 12 MONTH HERE

SECTION VI – Improvement Plan
ENTER JUSTIFICATIONS FOR 6 or 12 MONTH HERE

Approval to continue providing waiver services is contingent upon DDRS receiving your organizations' Signed Provider Agreement (attached to this letter) **within 30 calendar days of receipt of this letter.**

On or before **30 DAYS BEYOND THIS LETTER DATE**, please submit a signed Provider Agreement to BQISReporting@fssa.in.gov. Failure to submit the signed Provider Agreement by this date may result in the re-approval term being reduced. If DDRS has not received a signed Provider Agreement within 60 calendar days of the date of this letter, DDRS reserves the right to begin the termination process with your agency.

If you have questions regarding your organization's re-approval determination please contact Shelly Thomas at BQISReporting@FSSA.IN.gov.

If your organization will suffer an adverse affect [sic] due to the re-approval determination, an Administrative Review, as held by an Administrative Law Judge (per 460 IAC 6-6-5(g)), may be requested. To exercise this option a written petition must be submitted to Nicole Norvell, Director of DDRS (Nicole Norvell, Director, Division of Disability and Rehabilitative Services; 402 W. Washington Street; Indianapolis, IN 46207). If a hearing request is not filed within fifteen (15) days of the date of this letter, the re-approval term is final.

Sincerely,

Anne Davis
Director
Bureau of Quality Improvement Services/Provider Relations

cc: Shelly Thomas, Assistant Director, Bureau of Quality Improvement Services



**DIVISION OF DISABILITY AND REHABILITATIVE SERVICES
SERVICE PROVIDER AGREEMENT**

State Form 55006 (6-12)

FAMILY AND SOCIAL SERVICES ADMINISTRATION / DIVISION OF DISABILITY AND REHABILITATIVE SERVICES (DDRS)
BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES (BDDS)

The provider agrees to provide Services to recipients of DDRS only under the following criteria:

1. The provider had been approved by DDRS to provide the type of Services;
2. The provider has received authorization from DDRS to provide the specific Services;
3. Services will be performed in compliance with the provisions of this Agreement and any applicable Addenda.

Legal name of provider		
Doing business as <i>(if the DBA name is different from the provider name, provide documentation.)</i>		
Home office address <i>(number and street, city, state, and ZIP code)</i>		
Mailing address <i>(number and street, city, state, and ZIP code)</i>		
Pay To address <i>(number and street, city, state, and ZIP code)</i>		
Service location(s) <i>(if different from above)</i>		
Telephone number ()	E-mail address	Social Security number or Federal identification number <i>(not both)</i>
Type of business <i>(check one)</i> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Not-for Profit		
List current Medicaid provider number, if any		List current Medicaid Waiver provider number, if known
List current Medicare provider number, if any, and specify type (i.e. home health agency, AAA, etc.)		

Signature of authorized representative		Date <i>(month, day, year)</i>
Typed or printed name of authorized representative		Title of authorized representative



SERVICE PROVIDER AGREEMENT (continued)

Part of State Form 55006 (6-12)

By execution of this Agreement, the undersigned entity ("Provider") requests enrollment as a provider of services or supplies to recipients of DDRS, and as a condition of enrollment, Provider agrees:

1. To comply, on a continuing basis, with all enrollment requirements established under rules adopted by the State of Indiana Family and Social Services Administration (FSSA).
2. To comply with all federal and state statutes and regulations pertaining to the Medicaid Program including the Medicaid Waiver Program, as they may be amended from time to time.
3. To comply with all DDRS policies available online at <http://www.in.gov/fssa/ddrs/3340.htm>.
4. To meet, on a continuing basis, the state and federal licensure, certification or other regulatory requirements for Provider's specialty including all provisions of the State of Indiana Medical Assistance law, State of Indiana's Medicaid Waiver program, or any rule or regulation promulgated pursuant thereto.
5. To notify FSSA or its agent within ten (10) calendar days of any change in the status of Provider's license, certification or permit to provide its services to the public in the State of Indiana.
6. To provide Medicaid and/or Medicaid Waiver-covered services and/or supplies for which federal financial participation is available for Medicaid Waiver recipients pursuant to all applicable federal and state statutes and regulations.
7. To strictly observe the Health Insurance Portability and Accountability Act (HIPAA).
8. To release information about Medicaid recipients only to the FSSA, its agent, or a Medicaid Waiver recipient's case manager, and only when in connection with:
 - a. Providing services for recipients; and
 - b. Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the provision of Medicaid covered services.
9. To timely respond to request for data for the Day and Employment Services Outcome System from the Indiana Institute on Disability and Community of Indiana University ("Institute"), by May 31 of each year or as directed by the Institute, as well as all other data collection efforts by the State or its assigned parties.
10. To recognize that the eligibility of recipients shall be determined solely by Bureau of Developmental Disabilities service coordinators or Vocational Rehabilitation Services Counselors. The Provider shall not provide any service(s) to an individual pursuant to this Agreement unless Bureau of Developmental Disabilities service coordinators or Vocational Rehabilitation Services counselors have determined that the individual is eligible for such services.
11. To submit any and all accreditation survey reports for those services requiring accreditation to BDDS Provider Relations.
 - a. As applicable, a Provider must provide BDDS Provider Relations with the following:
 - i. Intent to survey or the application for accreditation
 - ii. Proof of accreditation decision
 - iii. Survey findings, including any Quality Improvement Programs, or any other quality improvement actions, corrective action plans, etc.
 - iv. Copy of the Annual Conformance to Quality Report, or similar report.
 - b. Should the Provider's certification be terminated, Provider shall notify the Bureau of Developmental Disabilities Services immediately.
12. To submit claims for services rendered by the provider or employees of the provider and not to submit claims for services rendered by contractors unless the provider is a healthcare facility (e.g. hospital, ICF-MR, nursing home) or a government agency with a contract that meets the requirements described in paragraph 8 of this agreement. Healthcare facilities and government agencies may, under circumstances permitted in federal law, subcontract with other entities or individuals to provide Medicaid-covered services pursuant to this agreement.
13. To maintain a written contract with all subcontractors. Regardless of subcontracts, the Provider shall remain responsible for the proper performance of all activities under this Agreement.
14. To comply, if a hospital, nursing facility, provider of home health care and personal care services hospice or HMO, with advance directives requirements as required by 42 Code of Federal Regulations, part 489, subpart I, and 417.436.
15. To abide by the Indiana Health Coverage Programs Provider Manual, as amended from time to time, the Medicaid Waiver Programs Provider Manual, as amended from time to time, as well as all provider notices and updates. Any amendments to the Indiana Health Coverage Programs Provider Manual, the Medicaid Waiver Program, as well as provider notices and updates communicated to Provider shall be binding as of adoption by FSSA.
16. To submit timely billing on Medicaid approved claim forms, as outlined in the Medicaid Programs Provider Manual, in an amount specified in the written contract.
17. To be individually responsible and accountable for the completion, accuracy, and validity of all claims filed under the provider number issued, including claims filed by the Provider, the Provider's employees, or the Provider's agents. Provider understands that the submission of false claims, statements, and documents or the concealment of material fact will be prosecuted under the applicable Federal and/or State law.
18. To submit claim(s) for Medicaid reimbursement only after first exhausting all other sources of reimbursement as required by the Indiana Health Coverage Programs Provider Manual, bulletins, and banner pages.
19. To submit claim(s) for Medicaid reimbursement utilizing the appropriate claims forms and codes as specified in the Medicaid Programs Provider Manual, bulletins, and notices.
20. To submit claims that can be documented by Provider as being strictly for:
 - a. those services and/or supplies specified in the Notice of Action;
 - b. those services and/or supplies actually provided to the recipient in whose name the claim is being made; and
 - c. any other compensation that the Provider is legally entitled to receive.



21. To accept as payment in full the amounts determined by FSSA or its fiscal agent in accordance with federal and state statutes and regulations as the appropriate payment for Medicaid covered services provided to Medicaid Waiver recipients. Provider agrees not to bill recipients or any member of a recipient's family, for any additional charge for Medicaid and/or Medicaid waiver covered services, excluding any co-payment permitted by law.
22. To refund within fifteen (15) days of receipt, to FSSA or its fiscal agent any duplicate or erroneous payment received.
23. To make repayments to FSSA or its fiscal agent, or arrange to have future payments from the Medicaid or Medicaid Waiver programs withheld, within sixty (60) days of receipt of notice from FSSA or its fiscal agent that an investigation or audit has determined that an overpayment to Provider has been made, unless an appeal of the determination is pending.
24. To pay interest on overpayments in accordance with IC 12-15-13-3, IC 12-15-21-3, IC 12-15-23-3.
25. To make full reimbursement to FSSA or its fiscal agent of any federal disallowance incurred by FSSA when such disallowance relates to payments previously made to Provider under the Medicaid Program.
26. To fully cooperate with federal and state officials and their agents as their agents as they conduct periodic inspections, reviews and audits, including those conducted or authorized by BQIS.
27. To make available upon demand by federal and state officials and their agents all records and information necessary to assure the appropriateness of Medicaid or Medicaid waiver payments made to Provider, to assure the proper administration of the Medicaid and Medicaid Waiver programs and to assure Provider's compliance with all applicable statutes and regulations. Such records and information are specified in the "Provider Requirements" Section of the Waiver Provider Manual and shall include, without being limited to, the following:
 - a. Medical records as specified by Section 1902(a)(27) of Title XIX of the Social Security Act and any amendments thereto;
 - b. records of all treatments, drugs, services and/or supplies for which vendor payments have been made, or are to be made under the Title XIX Program, including the authority for and the date of administration of such treatment, drug, services and/or supplies;
 - c. any records determined by FSSA or its representative to be necessary to fully disclose and document the extent of services provided to individuals receiving assistance under the provisions of the Indiana Medicaid program;
 - d. documentation in each recipient's record that will enable the FSSA or its agent to verify that each charge is due and proper;
 - e. financial records maintained in the standard, specified form;
 - f. all other records as may be found necessary by the FSSA or its agent in determining compliance with any Federal or State law, rule, or regulation promulgated by the United States Department of Health and Human Services or by the FSSA.
28. To cease any conduct that FSSA determines to be detrimental to the Medicaid or Medicaid Waiver programs.
29. To promptly correct deficiencies in Provider's operations upon request of FSSA or its fiscal agent.
30. To file all appeal requests within the time limits listed below. Appeal requests must state facts demonstrating that:
 - a. The petitioner is a person to whom the order is specifically directed;
 - b. The petitioner is aggrieved or adversely affected by the order; and
 - c. The petitioner is entitled to review under the law.
31. Provider must file a statement of issues within the time limits below, setting out in detail:
 - a. The specific findings, actions, or determinations of FSSA from which Provider is appealing;
 - b. With respect to each finding, action or determination, all statutes or rules supporting Provider's contentions of error.
32. Time limits for filing an appeal and the statement of the issues are as follows:
 - a. The provider must file an appeal of determination that an overpayment has occurred and the statement of issues within sixty (60) days of receipt of FSSA's determination.
 - b. All appeals of actions not described in (a) must be filed within fifteen (15) days of receipt of FSSA's determination. The statement of issues must be filed within forty-five (45) days of receipt of FSSA's determination.
33. To cooperate with FSSA or its agent in the application of utilization controls as provided in federal and state statutes and regulations as they may be amended from time to time.
34. To comply with civil rights requirements as mandated by federal and state statutes and regulations by ensuring that no person shall on the basis of race, color, national origin, ancestry, disability, age, sex, or religion be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination in the provision of a Medicaid service.
35. To comply with 42 Code of Federal Regulations, part 455, subpart B pertaining to the disclosure of information concerning the ownership and control of the provider, certain business transactions, and information concerning persons convicted of crimes. Said compliance will include, but is not limited to, giving written notice to FSSA/DDRS and its fiscal agent, at least sixty (60) days before making a change in any of the following: Name (legal name, DBA name, or name as registered with the Secretary of State), address (service location, "pay to," "mail to," or home office), federal tax identification number(s), or change in the provider's direct or indirect ownership interest or controlling interest. Pursuant to 42 Code of Federal Regulations, part 455.104(c), FSSA must terminate an existing provider agreement if a provider fails to disclose ownership or control information as required by federal law.
36. To furnish to FSSA or its agent, as a prerequisite to the effectiveness of this Agreement, the information and document set out in this Agreement and to update this information as it may be necessary.
37. That subject to item 36, this Agreement shall be effective as the date set out in the provider enrollment notification letter.
38. If the provider provides direct care services, to provide waiver services solely as authorized in the recipient's Plan of Care / Cost Comparison Budget prepared by the recipient's case manager and as the services are defined in the Medicaid Waiver Provider Manual and the appropriate waiver.
39. To provide at least sixty (60) days written notice to the recipient and/or recipient's legal representative, the recipient's case manager, if applicable and the BDDS Service Coordinator before terminating services to a recipient.
 - a. If the provider is providing direct services, prior to terminating services, the Provider shall participate in an Individualized Support Team meeting to coordinate the transfer of services to a new provider.



- b. The Provider agrees to continue serving the recipient until a new provider providing similar services is in place, unless written permission has been received from the State's Medicaid Waiver Specialist authorizing the provider to cease providing services before a new provider begins providing services.
- 40. To provide at least sixty (60) days notice to DDRS when an individual is transitioning from one (1) service provider to an alternate service provider. This includes any change in provider for any reason.
- 41. To provide at least sixty (60) days notice to BDDS Provider Relations before DDRS will approve any sale, including the sale of assets, where an individual's services or service provider may be affected.
- 42. To report any incidents (including suspected abuse, neglect or exploitation) as outlined in the DDRS Incident Reporting and Management Policy.
- 43. That this Agreement may be terminated as follows:
 - a. By FSSA or its fiscal agent immediately for Provider's breach of any provision of this Agreement;
 - b. By FSSA or its fiscal agent, or by Provider, without cause upon sixty (60) days written notice.
- 44. That this Agreement, upon execution, supersedes and replaces any provider agreement previously executed by the Provider.

THE UNDERSIGNED, BEING THE PROVIDER OR HAVING THE SPECIFIC AUTHORITY TO BIND THE PROVIDER TO THE TERMS OF THIS AGREEMENT, AND HAVING READ THIS AGREEMENT AND UNDERSTANDING IT IN ITS ENTIRETY, DOES HEREBY AGREE, ON BEHALF OF THE PROVIDER AS A BUSINESS ENTITY, TO ABIDE BY AND COMPLY WITH ALL THE STIPULATIONS, CONDITIONS AND TERMS SET FORTH HEREIN. ALL PREVIOUS PROVIDER AGREEMENTS ARE HEREBY RENDERED NULL AND VOID.

THE UNDERSIGNED ACKNOWLEDGES THAT THE COMMISSION OF ANY MEDICAID RELATED OFFENSE AS SET OUT IN 42 USC 1320a-7b MAY BE PUNISHABLE BY A FINE OF UP TO \$25,000 OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS OR BOTH.

PROVIDER-AUTHORIZED SIGNATURE		
<i>The owner or an authorized officer of the business entity must complete this section. Failure to complete this section will result in an automatic denial of agreement.</i>		
I certify, under penalty of law that the information state in this DDRS Service Provider Agreement is correct and complete to the best of my knowledge. I am aware that, should an investigation at any time indicate that the information has been falsified; I may be considered for suspension from the program and/or prosecution for Medicaid Fraud. I hereby authorize the Indiana Family and Social Services Administration to make any necessary verifications of the information provided herein, and further authorize and request each education institution, medical/license board or organization to provide all information that may be required in connection with my application for participation in the Indiana Medicaid Waiver Program. All providers are required to adhere to the Indiana Administrative Code 460 IAC 6 in addition to all policies and procedures released by FSSA, DDRS and BDDS.		
Doing Business As (DBA) name of provider		Tax identification number
Signature of officer		Date (month, day, year)
Printed name of officer	Title	Telephone number ()
Signature of Director of Division of Disability and Rehabilitative Services		Date (month, day, year)



Letter from BDDS
outlining moratorium on
new consumers for 90
days

If re-approval is for a 6 month time period, the re-approval is probationary and a 90 day moratorium on new consumers is initiated.



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7783

Via Electronic & Certified Mail

DATE

[CONTACT INDIVIDUAL]
[CONTACT INDIVIDUAL TITLE]
[PROVIDER NAME]
[PROVIDER ADDRESS]
[PROVIDER ADDRESS]
[PROVIDER EMAIL ADDRESS]

Re: Moratorium on New Admissions for Waiver Services – Effective {DATE}

Dear [CONTACT INDIVIDUAL],

At the conclusion of the re-approval process, [PROVIDER NAME] was granted a probationary re-approval period by Provider Relations. This re-approval term applies to services offered through the Division of Disability and Rehabilitative Services' (DDRS) Medicaid Home and Community Based Services (HCBS) waiver programs.

During this six-month re-approval period, it is recommended that [PROVIDER NAME] focus on system (policy, procedure and protocol) improvements as addressed in the letter dated [RE-APPROVAL LETTER DATE]. Given your organization's probationary re-approval status, the Bureau of Developmental Disabilities Services (BDDS) is issuing a ninety (90) day suspension of new consumers (authority granted under IC 12-11-1.1-11 (c) (3)). This suspension applies to any new consumer requesting services through DDRS' Medicaid HCBS waiver programs. This suspension will be in effect starting [START DATE] and will end on [END DATE].

If you have questions regarding your organization's moratorium please contact Shelly Thomas at BQISReporting@FSSA.IN.gov.

If your organization is aggrieved by this action, an Administrative Review, as held by an Administrative Law Judge (per IC 12-11-1.1-11(b)), may be requested. To exercise this option a written petition must be submitted to the Director of DDRS:

Nicole Norvell, Director
Division of Disability and Rehabilitative Services
402 W. Washington Street, Room W453
Indianapolis, IN 46207

www.IN.gov/fssa
Equal Opportunity/Affirmative Action Employer



If a hearing request is not filed within fifteen (15) days of the date of this letter, the 90 day moratorium regarding new admissions is final.

Sincerely,

Cathy Robinson
Director, Bureau of Developmental Disabilities Services

cc: Anne Davis, Director, Bureau of Quality Improvement Services
Shelly Thomas, Assistant Director, Bureau of Quality Improvement Services



How to best communicate your findings

Data Analysis - Example Response: *“Of the 43 medication errors documented in the last year, 32 were attributed to three specific consumers. 25 of the medication errors took place when the individual was with family or other provider and not receiving services from our staff. Of the 8 remaining medication errors, it was determined that staff error was the cause and in each instance staff was retrained according to company policy before the staff member was allowed to pass medication again.”*

Training - How does your organization ensure continued competency? (New hire, annual, between annual training, based on error rate, etc.)

Management - How is management oversight used to ensure compliance? (Forms, meetings, site visits, frequency, etc.)



Helpful Tips on Submission of Documents and Process Flow:

- Providers submit the Re-approval Assessment and Accreditation Documentation as two separate documents attached to one email. The email is sent to BQISReporting@fssa.in.gov.
- If the provider wishes to attach supporting information (training schedules, forms used in the organization, etc.), attachments may be added to the email as separate documents. Please clearly label each document and reference within the Re-approval Assessment.
- BQIS will review the documentation and contact the provider to schedule a telephone call or a meeting to review any details that were not clear at the time of BQIS' initial evaluation.



Helpful Tips on Submission of Documents and Process Flow (cont.):

- Should BQIS request additional written information, please use the Re-approval Assessment document originally submitted and insert the requested information in the appropriate location in the corresponding category. Please insert the word 'ADDENDUM' prior to the additional wording. It is best to not delete the original wording and simply insert the requested information.

When in doubt....ask for guidance.



Questions



Resources

Webinar PowerPoint presentation and related documents will be available on DDRS' Provider Relations webpage: <http://www.in.gov/fssa/ddrs/2644.htm>

Questions????:

Shelly Thomas, Assistant Director
Bureau of Quality Improvement Services
317.234.2764
Shelly.Thomas@fssa.in.gov